

Creating Accessible, Culturally Relevant, Domestic Violence- and Trauma-Informed Agencies

A Self-Reflection Tool

This tool reflects the work of the Accessing Safety and Recovery Initiative (ASRI), OVW Ending Violence Against and Abuse of Women with Disabilities Grant 2007-FW-AX-K004. That project brought together six Illinois pilot site agencies to collaborate in addressing the ways in which their agencies were providing accessible, culturally relevant, domestic violence- and trauma-informed (ACDVTI) advocacy and services to survivors of domestic violence who were experiencing the mental health effects of trauma and/or psychiatric disability. The pilot agencies included domestic violence programs, community mental health agencies, and state psychiatric hospitals. These agencies—and their counterparts across the country—work every day to provide advocacy, mental health, and other services to survivors of domestic violence, even as they themselves must manage with shrinking resources and growing demands. This tool was developed to support agencies in creating ACDVTI services and organizations, while keeping in mind that limitations on funding and resources may create obstacles to doing our best work. This tool also incorporates an understanding that agencies have different strengths and challenges, and that creating ACDVTI agencies is a constant learning process with no single end-point. We hope that this tool will be helpful to agencies at many different points along this path.

The tool has seven sections, which can be completed in any order. They include the following:

- Organizational Commitment
- Physical and Sensory Environment
- Intake and Assessment
- Program and Services
- Staff Support
- External Relationships
- Evaluation and Feedback

For each section, the agency engaging in this self-reflective process will be invited to think about **some of the ways it might look to be doing ACDVTI work in these areas**. You may find that you are already doing some of the things listed or that you are doing similar things. You may find that some of the concepts are new to you (and for those concepts in particular, you may decide to contact other organizations for assistance). Keep in mind that this tool is not a blueprint: although there are many common elements, ACDVTI work looks different at each agency.

How to Use this Tool

This tool is best used as part of a larger effort to build agency capacity to enhance ACDVTI work and improve services to survivors. This may be a process that you have already started, or you may be starting with this tool. The pilot agencies that participated in ASRI received ongoing training and technical assistance from six agencies with expertise in one or more of these areas. Agencies using this tool are strongly encouraged to connect with others who can provide support and assistance during this process.

A self-reflective process involves individual staff members, agency leadership, and the agency as a whole. As you begin this journey, take the time to consider the unique needs of your agency. This work proceeds best in a safe context, one in which staff members feel safe to learn, grow, and contribute. Design a process for approaching this work that will include many points of view. After deciding on a process for this work, your agency can work through the discussions and decisions at your own pace. Take breaks as needed to seek additional resources, be responsive to the needs and multiple priorities of staff members, and reevaluate the process itself.

Before You Get Started

Before embarking on a self-reflection process, consider whether this is the right time for your agency to take this step and what you may need to have in place before starting this process. Throughout every step of this process, agencies are strongly encouraged to hold open discussions with staff members. The following steps are recommended.

1. Is your agency ready to begin a self-reflective process?

Hold an initial discussion or series of discussions on whether this is the right time to begin a self-reflection process at your agency. You might ask these questions:

- a. What will it take to engage in this process (e.g., time, resources, commitments from staff members)?
- b. What are the benefits of using this process (e.g., the process is inclusive and comprehensive, the process will allow the agency to examine its strengths while identifying opportunities to improve services)?
- c. What challenges might come up for us during this process (e.g., staff time might be diverted away from another project)?
- d. What are the alternatives (e.g., more self-education or preliminary training on these topics)?
- e. If we did begin this process, what would we need to do before or during the process to make it work well (e.g., explain the process to all staff, take breaks as needed)?

2. What process will you use for your self-reflection work?

If you determine that this is the right time for your agency to start the self-reflection process, you might hold a second discussion or series of discussions to determine what process you will use. You might ask these questions:

- a. What are our goals in embarking on this process?
- b. What challenges might come up during this process? How will we respond?
- c. What logistical process will we use for working through this tool (e.g., send questions to staff members by email and then meet to share responses)? Who will lead the process? Who will be involved?
- d. What kind of outside expertise do we need? Who can we involve in this process and how?
- e. How will we make sure that the process is safe and inclusive for staff members? What challenges might come up here? How will we respond?
- f. How will we approach the tool itself? In what order will we complete the sections? Is there an area that we will focus on first (e.g., the area in which our agency is the strongest)?
- g. How will we evaluate the process as it proceeds (e.g., during regular meetings we will check in with our goals, discuss how the process is affecting staff members, and whether a change or break is needed)?

You are encouraged to take as much time as needed to hold these initial discussions. You may decide to memorialize any consensus and share this documentation with all staff members.

Focus Area 1: Organizational Commitment

What are some of the ways that an agency might show its commitment to ACDVTI work in its mission statement and written policies and procedures, in its staffing decisions and training, and in its evaluation procedures?

Mission Statement and Written Policies

- The agency's mission statement and/or written policies and procedures include an express commitment to providing culturally relevant, domestic violence- and trauma-informed services.
- The agency's mission statement and/or written policies and procedures include a written commitment to serving people regardless of ethnicity, disability, language, sexual orientation, gender identity, culture, or immigration status.
- The agency's written policies incorporate an understanding of the dynamics of domestic violence and attend to issues of domestic violence-related safety and confidentiality.
- The agency's written policies incorporate a recognition of the pervasiveness of trauma in the lives of people receiving services and express a commitment to reducing retraumatization and promoting healing and recovery.

Human Resources Policies and Practices

- The agency hires and retains staff members who reflect the diversity of the population being served.
- The agency hires and retains staff members who demonstrate cultural competency/cultural humility.
- The agency hires and retains staff members who are knowledgeable about and skilled at working with survivors of domestic violence and other trauma.
- The agency hires and retains staff members who demonstrate a respectful, empowering approach to working with clients.

Training Policies and Practices

- The agency provides training on providing services that are accessible and culture-, domestic violence-, and trauma-informed, both during new staff orientation and during ongoing in-service trainings/staff trainings.

Ask Yourself

- How does my agency show its commitment to these principles?
- What steps could we take to make real improvements, taking into account any obstacles?

What do people receiving services have to say?

Evaluation of Services Provided

- The agency has mechanisms in place to obtain regular input and feedback regarding the agency's sensitivity to culture, DV, and trauma from people receiving services, and to incorporate this input and feedback into the development of policies and practices of the agency.
- The agency has mechanisms in place to ensure that the communities being served are involved in decisionmaking about the services and policies at the agency.

Focus Area 2: Physical and Sensory Environment

Is the agency's physical and sensory environment welcoming, accessible, inclusive, non-stigmatizing, non-triggering, non-retraumatizing, and physically safe for people receiving services and staff members?

Think about: Culture

- The agency is physically accessible to everyone.
- The agency's materials, décor, reading material, and other physical aspects of the environment reflect the diversity of the people being served.
- The agency has policies and procedures for obtaining input from people receiving services with regard to the accessibility, inclusiveness, cultural relevancy, and physical and emotional safety of the environment.

Does the space feel welcoming and inclusive? Is it a safe space?

- The agency makes non-graphically triggering **posters** with information about domestic violence and trauma resources visually accessible to people receiving services.

- The agency has policies and procedures for obtaining **input and feedback** from people receiving services with regard to physical and emotional safety of the environment.

Think about: Domestic Violence

The agency has written policies and procedures in place to provide for the safety of staff and of people being served by the agency, and these policies and procedures reflect an understanding of domestic violence. Furthermore, staff members are sufficiently trained on, understand, and adhere to these policies and procedures. These include the following:

- Policies and procedures for physical safety in the building, grounds, and parking areas of the agency
- Policies and procedures for gaining access to the facility
- Policies and procedures for physical and emotional safety and confidentiality in the context of telephone, email, and social network communication
- Workplace safety protocol that include protocols contained in the Illinois Victims' Economic Security and Safety Act (VESSA) or your state's equivalent
- Policies and procedures to ensure physical and emotional safety when more than one member of a family or couple is receiving services at the agency

Think about: Trauma

Is the physical and sensory space non-triggering and non-retraumatizing?

- Consideration is given to the impact of the physical and sensory environment on both people receiving services and staff members.
- Staff members are trained to attend to aspects of the physical and sensory environment that may be triggering to people receiving services.
- Staff members work with people receiving services on developing strategies to deal with potentially triggering aspects of the environment.
- The agency provides physical space that a person receiving services can use to practice self-care and self-soothing. Staff members encourage people to use spaces set aside for self-care and self-soothing, as appropriate.
- If applicable, the agency has mechanisms in place to address gender-related physical and emotional safety concerns (e.g., physical separation of sleeping quarters, gender-specific spaces and activities, and staff assignments that incorporate gender-related emotional safety concerns).
- If applicable, staff members are trained on the traumatizing effects of restraint and seclusion and on trauma-informed crisis prevention and intervention alternatives.
- The agency has policies and procedures for obtaining input from people receiving services with regard to emotional safety and potentially retraumatizing elements of the environment.

Ask Yourself

- What is the physical and sensory space like at my agency?

Ask Yourself

- What does my agency do well to make sure that the space is welcoming, inclusive, and accessible to people receiving services and staff members?
- What does my agency do well to reduce or minimize potential triggers?

Ask Yourself

- What can we improve?
- What are the first steps? What supports and resources does my agency need to take those first steps?

Focus Area 3: Intake and Assessment

Are questions about current and past domestic violence and other lifetime trauma and ongoing physical and emotional safety incorporated into agency intakes and assessments in sensitive and culturally relevant ways?

Think about: Culture

- Optional questions about individual cultural, ethnic, racial, and gender identity; sexual orientation; and primary language are included in intake and assessment procedures. People receiving services are free to decide whether and how they want to respond.
- Questions asked during intake and assessment take into account the role of culture, religion, and spirituality in clients' lives.
- Staff members are trained to ask questions in ways that are inclusive, non-stigmatizing, and reflect principles of cultural humility.
- People receiving services are not automatically assigned to staff members from their own cultural, ethnic, racial or language group.

Think about: Domestic Violence

*Does my agency ask questions about safety at home?
Does the staff know how to respond if someone discloses abuse?*

The agency's **intake and assessment** process includes questions about

- Immediate and long-term safety concerns
- Current and past experiences of DV and other lifetime trauma
- The history, pattern, and impact of DV on survivors and their children
- Abusers' use of mental health or substance abuse conditions as part of abuse and control
- The impact of DV and other trauma on survivors' mental health and substance use, and on their ability to access recovery services and mental health treatment
- Whether survivors' current reasons for seeking services are related to abuse
- Survivors' coping strategies, strengths, and supports
- Obstacles and barriers to safety
- Survivors' perceptions, priorities, and goals

After the intake stage...

- The agency takes care to provide **many safe opportunities** for a person receiving services to disclose current and past abuse and safety concerns.
- Staff members are trained to and do **respond appropriately** when a person receiving services discloses current or past abuse or safety concerns during intake and assessment or at any time while they are receiving services.

Focus 4: Program/Services

Think about: Culture

*Does the agency provide services in a way that affirms and is **inclusive of survivors' many identities** (including identities related to age, disability, language, sexual orientation, gender, culture, ethnicity, religion, and immigration*

Polices and Procedures

- The agency's mission statement and/or written policies and procedures include a written commitment to serving people regardless of disability, language, sexual orientation, gender identity, culture, ethnicity, religion, and immigration status.
- The agency's policies and procedures reflect an attention to the diversity of the people receiving services.
- Services are available in the first languages of the majority of people served.
- The agency has polices and procedures for providing services for people whose first language is less common in the communities served.

Training and Practice

- The agency hires and retains staff members who reflect the diversity of the population being served.
- The agency hires and retains staff members who demonstrate respect for diversity and cultural competency/cultural humility.
- Staff members do not make assumptions about the culture, religion, gender identity, or sexual orientation of individuals being served.
- Staff members receive training and supervision on respecting diversity and on principles of cultural humility.

- In DV programs, staff members receive regular training, supervision, and consultation on working with **survivors experiencing trauma, substance abuse, and other psychiatric disabilities.**

The agency provides staff members with training on

- Diversity and cultural humility
- How staff members' own culture, status, or background can create risk for inadvertent use of power and control
- The impact of discriminatory and stigmatizing language, practices, and biases, as well as inclusive and non-stigmatizing alternatives
- How identity, culture, and community can affect a person's experience of domestic violence and other trauma, access to supports and resources, and opportunities for safety
- How oppression can affect a person's experience of domestic violence and other trauma, access to supports and resources, and opportunities for safety (e.g., an LGBTQ survivor may face an additional burden of stigma when disclosing the abuse; a survivor who is undocumented may avoid calling the police because of the threat of deportation)
- How past experiences with other social service systems or government agencies, or with social or political oppression, may impact how individuals interact with the agencies in the present
- How positive and negative feelings can be expressed in both verbal and non-verbal ways
- How social supports are used by different individuals, cultures, and communities
- Working with survivors experiencing trauma, substance abuse, and other psychiatric disabilities (for DV programs)

Ask Yourself

- Does the agency provide services in a way that affirms and is inclusive of people's many identities? What are we doing well right now?

Ask Yourself

- What can we improve?
- What are the first steps?
- What resources do we already have that will support our efforts?
- What resources and supports do we need to support our efforts?

Think about: Domestic Violence

Are the agency's programs and services DV-informed?

The agency's **policies and procedures**

- Incorporate an understanding of the dynamics of domestic violence
- Incorporate an understanding of the ways that perpetrators use mental health and substance abuse issues to control their partners
- Attend to issues of safety and confidentiality
- Support survivor self-determination and choice

The agency's policies and procedures **provide guidance to staff members** on how to respond to survivors who are experiencing ongoing domestic violence.

At **mental health agencies**, staff members receive **training** on

- Understanding the dynamics of domestic violence
- Working with survivors to assess safety and engage in safety planning
- Providing linkages and referrals to domestic violence resources during the provision of services and/or at discharge
- Avoiding potentially harmful interventions and referrals (e.g., couples counseling, mediation, anger management, non-certified batterer intervention programs)
- The appropriate procedures for documenting domestic violence

At **DV agencies**, staff members receive **training** on

- The mental health effects of DV and other trauma
- Abuser use of mental health issues as tactics of control
- Medications and side effects
- Advocating with mental health providers and systems
- The implications of mental health and substance abuse issues for the survivor's access to legal resources

Thinking about Training

Who receives training? How is training reinforced? How are training principles put into practice?

Putting it into practice at mental health agencies...

- At mental health agencies, staff members and supervisors consistently incorporate a DV-informed perspective into practice.
- At mental health agencies, staff members consistently incorporate DV-specific interventions into mental health treatment and services, as appropriate.

...and at DV agencies.

- At DV agencies, the provision of services reflects an understanding of the mental health effects of domestic violence.
- At DV agencies, staff members provide non-stigmatizing information to survivors about the mental health effects of domestic violence.

Ask Yourself

- In what ways are the agency's programs and services DV-informed and/or take into account the mental health effects of DV?

Ask Yourself

- What can we improve?
- What are the first steps?
- What resources do we already have that will support our efforts?
- What resources and supports do we need to support our efforts?

Think about: Trauma

Are the agency's programs and services trauma-informed?

Polices and Procedures

- The agency's written mission statement and policies express a commitment to trauma-informed principles.
- The agency's policies and protocols reflect a commitment to reducing retraumatization and promoting healing and recovery.

- The agency **hires and retains** staff members who demonstrate a respectful, **empowering** approach to working with clients.
- The agency hires and retains staff members who demonstrate knowledge and understanding of trauma-informed principles.
- The agency trains staff members on the **range of "normal" trauma responses**, trauma-informed principles, and trauma-informed, recovery-oriented crisis response techniques.

- Staff members keep people receiving services **fully informed of rules**, procedures, activities, and schedules, while being mindful that people who are frightened or overwhelmed may have a hard time processing even basic information.
- Staff members offer people who are receiving services **choices** at all possible times, while acknowledging that this may be frightening or unfamiliar for some survivors of trauma.

- Staff members respond knowledgeably and empathically when a person discloses experiences of current or previous trauma, immediately **listening and offering support** in a setting of her choice (to the extent possible).
- Staff members talk with people receiving services about the range of "normal" trauma reactions and work to **minimize feelings of fear, shame, and stigma**, and to increase self-understanding.
- Staff members help people to identify **emotional triggers** that may cause them to feel overwhelmed and "out of control."
- Staff members help people to identify strategies that contribute to feeling comforted and empowered.
- Staff members help people to develop and actively use **personal safety plans** to help prevent crises.

Staff members provide tools and supports for creating physical and emotional safety when appropriate (e.g., personal space and boundaries, affirmation that safety is a right).

Ask Yourself

- In what ways are the agency's programs and services already trauma informed?

Ask Yourself

- What can we improve?
- What are the first steps?
- What resources do we already have that will support our efforts?
- What resources and supports do we need to support our efforts?

Focus Area 5: Staff Support

Are staff members supported in their work with survivors of ongoing DV and other trauma who are from diverse cultures, abilities, orientations, etc.?

Policies and Procedures

- The agency has written policies on the use of routine and regular supervision.
- The agency has written policies or commitments regarding the use of strengths-based reflective supervision techniques.
- The agency has written policies or commitments regarding vicarious trauma and staff self-care.
- Human resources policies attend to the impact of working with people who have experienced trauma (e.g., reasonable case loads, opportunities for reflection and conferring with colleagues during the work day, good mental health and alternative/well-being benefits, and personal/vacation time).

Training and Practice

- Staff members receive routine and regular supervision and feel supported in the work that they do.
- Staff members and supervisors are provided with training and resources on vicarious trauma and self-care.
- Staff members and supervisors are provided with training and resources on reflective practice and supervision.
- Staff members have regular education that supports them in developing the knowledge and skills to work sensitively and effectively with survivors experiencing domestic violence, trauma, and psychiatric disabilities.
- Staff know who they can call if the issues a survivor is facing go beyond their experience and expertise.
- Staff members have regular supervision and other resources (e.g., peer support or consultation) to support them in addressing their own responses to domestic violence and trauma.
- The agency provides and encourages staff members to use onsite and offsite supports.

Ask Yourself

- In what ways does the agency support staff members?

Ask Yourself

- What can we do better to support staff members?

Focus Area 6: External Relationships and Collaboration

Does the agency interface with other systems in ways that improve services for survivors of domestic violence with psychiatric disabilities?

Policies and Agreements

- The agency has written policies or agreements (e.g., MOUs or linkage agreements) that support people in accessing resources in other systems.
 - For mental health agencies, this includes written policies or agreements with DV programs and other DV-related service providers.
 - For DV programs, this includes written policies or agreements with mental health agencies, peer support programs, and other trauma and mental health-related services.
- The agency seeks to form relationships and refer to agencies that provide accessible, culture-, DV-, and trauma-informed services.
- The agency has DV-informed policies and procedures regarding confidentiality; documentation; and sharing and releasing information, including in response to subpoenas.

Does your agency have collaborative relationships with other agencies in the community? Do staff members know how to connect people with other resources in the community?

Training and Practice

- The agency regularly engages in cross-training, cross-consultation, cross-referral with community partners.
- Staff members are knowledgeable about the services available through other agencies in the community, including
 - Culturally specific and culturally relevant services, including LGBTQI-specific organizations
 - DV programs and other DV-related services, including domestic violence advocacy programs, safe shelter for homeless clients
 - Community mental health and peer support services and resources, including supported housing, employment, education, and benefits
- Staff members regularly make referrals as appropriate.
- When making referrals, staff members are attentive to the policies and procedures of both agencies for ensuring the safety and confidentiality of the person receiving services.
- The agency ensures that information about outside agencies and resources is readily available and accessible.

Ask Yourself

- Does my agency interface with other systems in ways that improve services for survivors of domestic violence with psychiatric disabilities?

Ask Yourself

- What can we do better?
- What are the first steps?

Focus Area 7: Evaluation/Gathering Feedback

Does the agency have mechanisms in place for obtaining regular input and feedback from the people who are utilizing their services? Is attention to accessibility, culture, trauma, and domestic violence included in agency quality improvement mechanisms?

What do you ask?

The agency solicits **input and feedback** from people who received services on

- Whether they felt treated with dignity and respect
- Whether services were culturally relevant
- Whether the physical and sensory environment felt welcoming
- Whether they felt informed about staff expectations
- Whether they had access to information about DV and trauma
- Whether they found staff to be non-judgmental
- Whether they experienced relationships with staff as hierarchical or collaborative/partnering
- Whether any service interactions or experiences were retraumatizing
- Whether services were helpful in providing useful information and skills that enhanced physical and emotional safety, healing, and recovery
- Whether they have any comments or suggestions for improvement

Who do you ask? How do you ask?

- The agency has a procedure for soliciting regular input and feedback from people who received services.
- Policies and procedures are in place for including people who use services in an advisory capacity to the agency.
- People who received services are able to provide feedback anonymously and confidentially.
- Exit evaluations or equivalent methods for soliciting feedback are available in the languages used by a majority of the population served.
- The agency evaluates whether staff members feel safe and valued at the agency.
- Mechanisms are in place for staff to provide feedback on the agency's ability to provide for the physical safety of staff and people receiving services.
- The agency regularly incorporates feedback into changes and improvements.

How are we doing? What can we do better?

